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### **APPENDIX 700 - MEDICAID CLASSES OF ASSISTANCE**

Medicaid workers use several categories of Medicaid coverage to determine eligibility. The DFCS Medicaid Eligibility Specialist determines eligibility and cost share for the following categories. **EXCEPTION:** Supplemental Security Income (SSI) Medicaid.

- Supplemental Security Income (SSI) Medicaid: Individuals receiving an SSI check usually receive SSI Medicaid automatically. A person applies for SSI financial assistance at the Social Security Administration. To be eligible for SSI, a person must meet certain eligibility criteria and have income and assets within established limits. An SSI Medicaid client does not have a potential to cost share.
- Community Care Services Program (CCSP): Requirements and procedures for this class of assistance are discussed in Section 510, CCSP Medicaid Eligibility.
- Public Law 94-566: Medicaid for individuals who have received SSI but are terminated from SSI because of a cost of living adjustment in their Social Security benefits after 1977. Any client whose SSI benefits are terminated, due only to an increase in Social Security, continues to be eligible for Medicaid benefits under this law. If these clients enter CCSP, they have a potential to cost share.
- Deeming Waiver (Katie Beckett): Medicaid for chronically impaired individuals under age 18 who are nursing home candidates but could receive less costly care at home. These individuals are ineligible for SSI because of their parents' income or resources. If these clients enter CCSP, they begin to receive CCSP Medicaid and have a potential to cost share. Katie Beckett Medicaid clients cannot be in both categories of Medicaid at the same time.
- Medical Treatment Facility (MTF): Medicaid for individuals residing in nursing homes and hospitals for at least 30 days. A MTF individual may have income higher than the SSI limit. These clients have a potential liability to the nursing home but not the hospital.
- Qualified Medicare Beneficiaries (QMBs): Benefits for individuals eligible for Medicaid only as Qualified Medicare Beneficiaries (QMBs) are limited to assistance for Medicare cost sharing expenses, which are premiums, deductibles, and coinsurance under Part A and Part B of Medicare. No other services are included for Medicaid reimbursement.

DFCS offers other Medicaid classes of assistance. When any doubt arises about potential Medicaid eligibility, the care coordinator refers the client to the DFCS office in the county of residence.

A Medicaid recipient receives a Medicaid card with a 12-digit number.

The following is the DFCS standard of promptness (SOP) for determination of Medicaid eligibility:

- Aged (individuals 65 years of age or older) - 45 days
- Disabled (individuals who receive social security disability or meet the disability criteria for social security benefits) - 60 days

The SOP starts with the date DFCS receives the signed Medicaid application. The care coordinator sends the CCC, PMAO Financial Worksheet, and the LOC page to DFCS but receipt of these forms does not establish an application date for Medicaid at DFCS. The client files a Medicaid application at DFCS or the care coordinator may send the signed application to DFCS with the CCC, PMAO Financial Worksheet, and LOC page.

DFCS considers Medicaid eligibility for three months prior to an application for SSI and Medicaid classes as assistance.